



Check It Off!

New Employee Benefits Checklist

Use this checklist to help keep track of the selections you wish to make for your State of Michigan benefits. You will need this checklist during your human resources orientation session. If you are covering your spouse and/or children, be prepared to provide their Social Security number and birth date, and a marriage license, if applicable.

Additional plan information will be provided by the Legislative Service Bureau Human Resources Office.

If you have questions or need more information to help you make a plan selection, call the LSB Human Resources Office at (517) 373-9643.

NOTE: *You must enroll in benefit plans or make any changes within 31 days of your hire date, within 31 days for a life event, or during the annual open enrollment period, unless otherwise noted. Open enrollment is held each summer for health, dental, vision, life, and long-term disability insurances. The plan year is based on the State's fiscal year.*

Health Care

Select one health care plan and corresponding coverage option below.

_____ **State Health Plan PPO/Blue Cross Blue Shield** ☐ Emp only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family

_____ **Health Maintenance Organization/ HMO** ☐ Emp only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family

Please select an HMO plan (HMO eligibility is subject to your home zip code)

- ☐ Blue Care Network (BCN)
☐ Physicians Health Plan (PHP)
☐ McLaren Health Plan (MHP)

biweekly premium varies according to plan and tier selected

☐ Health Alliance Plan (HAP)

_____ **Decline Health Insurance** (\$38.46 rebate bi-weekly)

Vision Care

Select one vision care plan and corresponding coverage option below.

_____ **State Vision Plan–Blue Cross Blue Shield** ☐ Emp only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family

_____ **Decline enrollment in Vision Plan** (\$1.35 rebate bi-weekly)

Dental Care

Select one dental care plan and corresponding coverage option below.

_____ **State Dental Plan/Delta Dental** ☐ Emp only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family
Employee pays 5% of the premium via biweekly payroll deduction. \$1.08 biweekly \$1.97 biweekly \$2.40 biweekly \$3.28 biweekly

_____ **Dental Maintenance Organization/DMO** ☐ Emp only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family
(DMO eligibility is subject to your home zip code)

_____ **Decline Dental Insurance** (\$8.85 rebate bi-weekly)

Employee Life Insurance

Select one employee life insurance plan below.

_____ **Employee Life Insurance/2x salary (maximum \$200,000)**

_____ **Reduced Life/Bi-weekly cash payment/1x salary (maximum \$50,000)**

Dependent Life Insurance – optional

If you choose this coverage, select one dependent life insurance plan below.

- ☐ **Spouse \$1,500 and/or child(ren) \$1,000**
\$0.20 per pay period / \$5.20 annually
- ☐ **Spouse \$5,000 and/or child(ren) \$2,500**
\$0.60 per pay period / \$15.60 annually
- ☐ **Spouse \$10,000 and/or child(ren) \$5,000**
\$1.20 per pay period / \$31.20 annually
- ☐ **Spouse \$25,000 and/or child(ren) \$10,000**
\$4 per pay period / \$104 annually
- ☐ **Child(ren) only \$10,000 / \$0.75 per pay period**
- ☐ **Decline Dependent Life Coverage (no rebate)**

Note: *If you are married to another State of Michigan or House of Representatives employee, only one of you may cover your child(ren) under this plan.*

In addition, you cannot cover your spouse who is a State of Michigan employee or State retiree as they are covered by an individual life insurance policy.

Long-Term Disability (LTD) – optional

Select one long term disability option below. LTD insurance can only be added within 31 days of hire or at annual open enrollment.

- ☐ **Long-Term Disability (LTD)**
Rates vary according to sick leave hours. If less than 184 sick leave hours, the employee premium is \$1.56 per \$100 of earnings.
- ☐ **Decline Long Term Disability coverage (no rebate)**

401K Defined Contribution Plan

*401(k) Defined Contribution plan is coordinated through ING. New employees hired after 01/01/12 will be enrolled in the 401(k) Personal Healthcare Fund. The State of Michigan will contribute an amount equal to 4% of your gross wages for your 401(K) retirement and match 3% of your bi-weekly contributions for retirement and 2% for retiree healthcare. Use your ING self-service account to change your bi-weekly contributions. ING will send an information packet to all new employees. Additional information is available at <https://stateofmi.csplans.com>. **Note:** You can make changes to your contribution amounts at any time.*

- ☐ **ING 1-800-748-6128**

457 Deferred Compensation Plan – optional

*457 Plan enrollment is coordinated by ING. You need to contact ING to start your bi-weekly contributions. Additional information is available at <https://stateofmi.csplans.com>. **Note:** You can enroll in the 457 Plan at any time.*

- ☐ **ING 1-800-748-6128**

Accidental Death and Dismemberment (AD&D) – optional

You can enroll in AD&D Coverage at any time. An enrollment form is mailed to you after hire from Mutual of Omaha.

- ☐ **Accidental Death and Dismemberment (AD&D) Coverage**

Health Care Flexible Spending Account – optional

Health Care Flexible Spending Accounts use pre-tax dollars to pay for certain out-of-pocket health care expenses. These accounts are subject to established IRS Guidelines. You may enroll within 31 days of hire or during the annual open enrollment period. The FSA plan year is based on the calendar year. FSAs are administered by WageWorks. Request a form if you wish to enroll.

_____ **Health Care Flexible Spending Account**

→ \$_____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$_____ Yearly Total

Dependent Care Flexible Spending Account – optional

Dependent Care Flexible Spending Accounts use pre-tax dollars to pay for certain out-of-pocket dependent care expenses. These accounts are subject to established IRS Guidelines. You may enroll within 31 days of hire or during the annual open enrollment period. The FSA plan year is based on the calendar year. FSAs are administered by WageWorks. Request a form if you wish to enroll.

_____ **Dependent Care Flexible Spending Account**

→ \$_____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$_____ Yearly Total

Qualified Parking Spending Account – optional for employees who park in a non-State parking lot

You may enroll in a qualified parking spending account at any time. Changes to your deduction amounts can be made every 28 days as necessary.

_____ **Qualified Parking Spending Account**

→ \$_____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$_____ Yearly Total

Supporting Documentation for Life Events

Notify the LSB Human Resources Office whenever a life event occurs. Paperwork for a life event must be processed within 31 days of the event, and copies of supporting documentation must be submitted.

When you add or delete your child(ren) and/or spouse to your State of Michigan benefits, you must submit the following legal documents within 31 days of your hire or the event for your enrollment to be valid:

- ☐ Spouse – marriage certificate
- ☐ Minor children – birth certificate, adoption certificate or guardianship papers
- ☐ Dependent children ages 19 to 25 - birth certificate, school record of enrollment **and** CS-1771 form (available at www.michigan.gov/mdcs under the MDCS Forms link).
- ☐ Divorce – last page of judgment and any other pages relating to insurances or benefits

Legislative Service Bureau Human Resources Office

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This checklist is a summary of benefit offerings and is not intended to replace or substitute for plan booklets or other State Rules and Regulations.